

CRISIS BULLETIN

- INDONESIA IN TRANSITION -

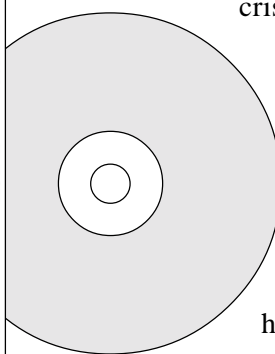
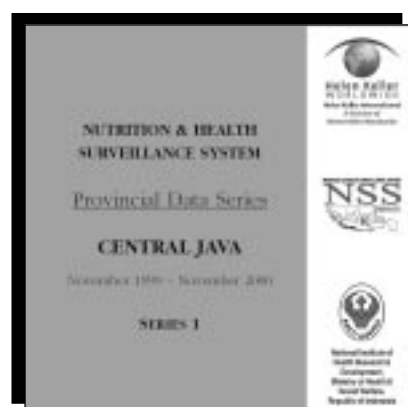
Decision-Making during Decentralization:
New Role of the Nutrition and Health
Surveillance System (NSS)

In response to a directive of the Government of Indonesia to decentralize program management and resource allocation, the NSS is making data available at the provincial level. The initiative is a novel approach to enable program monitoring and decision making at the local level, while maintaining high quality across the 12 NSS data collection sites. Further strengthening of the existing skills in data analysis, data interpretation and converting information into action may be needed to best implement this new approach.

A common goal of nutrition surveillance systems is that the data is used to develop programs and to prioritize resources in the areas where the information has been collected. A number of surveillance systems have attempted to achieve this goal over the past 10 years, but success has been varied. These initiatives faced a number of common constraints, including limitations of the surveillance system itself, limitations in the decentralization process, limitations in technical capacity at the sub-national level, and/or limitations in

effectively interpreting results and applying the results to programs.¹ Thus, the role of local government and communities in collecting and using information to design and implement programs is still commonly identified as a weakness of most information systems.

A recent directive from the government to decentralize decision-making and resource allocation presents new opportunities and challenges for using data at the local level in Indonesia. Building on the success in using data to focus action on the health impacts of the economic crisis,¹ the NSS has recently begun to encourage and assist provinces in using data to make decisions about programs and to allocate resources for health and nutrition. This bulletin describes these new activities, including how the NSS is sharing data on CDROMs with provincial health officials.



¹Asian Development Bank-International Food Policy Research Institute (ADB-IFPRI, 2000). *Attacking the Double Burden of Malnutrition in Asia: A Synthesis of Findings from the ADB-IFPRI Regional Technical Assistance Project 5824 on Nutrition Trends, Policies and Strategies in Asia and the Pacific*. (Draft Report) Washington, June 2000.

NSS INITIATIVES

Data sharing

The NSS is a source of information for helping health and nutrition program managers at the province and district level to learn about the health and nutrition situation of their working area, to monitor the changes in health and nutritional status of their population over time, and to assess and monitor ongoing health and nutrition-related programs. The NSS has developed CDROMs for each of the NSS provinces with key information and is encouraging the provincial health staff and their counterparts (local research institutions) to participate in analysis of the data. In addition to the data, the CDROM also contains a copy of the public access statistical analysis software *EpiInfo* and manuals for the software and for the dataset in *Bahasa Indonesia*.

The data on the CDROM for each province includes indicators on nutrition status (outcomes), determinants of malnutrition and program coverage of several health programs (Box 1). The nutrition outcome indicators in the dataset provide an opportunity to discuss the consequences of malnutrition with decision-makers, communities and health staff, and can be used to advocate for nutrition in provincial and district planning. These indicators can also be used to monitor the changes in nutritional status over time and to better understand the impact of development programs in the particular areas. Several indicators of the determinants of malnutrition were also included in the provincial dataset. This information might be used to better understand and

explain to health workers and communities why malnutrition exists in the site and to identify groups in their population that might be more vulnerable to malnutrition. Some of these indicators, when monitored overtime, can also reflect the impact of ongoing health programs. Finally, indicators of some ongoing programs were also included on the CDROM. These indicators can help to show that nutrition programs are important, can encourage health staff to review coverage and other aspects of their ongoing programs, allow them to monitor changes in their programs over time, and help them to better understand how surveillance can be practical and programmatic.

Using the NSS to guide decisions about nutrition, health and agriculture

The goal of these new NSS activities is to be able to support the new role of the provinces and districts in being responsible for program and resource decision-making in their areas. At the provincial level in Indonesia, an inter-sectoral food and nutrition provincial team called the *Tim Pangan dan Gizi* (TPG) will be encouraged to use the results from the NSS to initiate or modify health and nutrition programs and advocate for allocation of resources to nutrition and health programs. This group will be able to feed information back into the surveillance process so that the NSS could collect additional information on specific topics/programs as necessary. The TPG will also be encouraged to engage local communities in the NSS by sharing and discussing results (Box 2). Additionally, the TPG might play a role in linking the different ongoing information

Box 1: Variables included in the CDROMs

Locator information

Zone, district, subdistrict
Date of visit

Nutritional status

Child age
Sex
Moderate and severe wasting
Moderate and severe stunting
Moderate and severe underweight
Anemia
Maternal age
Maternal wasting or overweight
Maternal anemia, including during pregnancy

Determinants of malnutrition

Breast feeding status
Child diarrhea
Source of drinking water
Place to defecate
Parents' education
Parents' occupation
Household/family size and composition

Program-related

Child receipt of VAC in past 6 months
Knowledge of vitamin A-rich foods
Deworming
Salt iodization
Posyandu participation
Immunization status

systems and in designing the type of information systems that will be needed when the decentralization is fully operationalized.

Provincial and community participation in the NSS

To encourage ownership of the NSS by the provincial and district health managers, they will be more involved in the planning of the NSS. The provincial health officers will take the lead to develop plan of actions for the implementation of the NSS. Through this planning, they will be able to comment about sampling and representation of the NSS in their province, add or modify questions in the questionnaire that are of interest to them, and link the NSS with other operations, programs or monitoring schemes as appropriate. Being more involved in the planning stage of the NSS will also allow better linkage between the availability of information to make decisions for budget requests and allocations within and between health, agriculture and other sectors.

In addition to being more involved in planning the NSS, government and non-government personnel will be encouraged to join the NSS survey teams when they conduct data collection and supervision. The independence of the NSS survey teams for data collection and quality control will be maintained, but interested provincial, district and sub-district staff in health and related fields will be invited to accompany the survey teams in the field to learn about interviewing techniques, how random households are selected, and other aspects of the data collection process.

Role of the central government

The new approach of the NSS requires that the central oversight of the surveillance system is maintained in order to ensure the high quality of the data and the similarity of collecting them in the 12 sites (4 urban poor areas and 8 rural provinces). Through this central oversight of the NSS, the central government will also be able to monitor the progress of the decentralization process and will be able to identify where additional support or efforts may be needed. The central government can also share successes and lessons learned from this initiative within Indonesia and across borders. This plan answers the challenge of being able to operate a simple system for planning and monitoring at the local level and still have the opportunity for in-depth analyses at the central level and with research or university collaborators.

Box 2: Community Participation in Nutrition Surveillance

The participation of communities in programs that improve their health and well-being was accepted at the Alma Ata Conference in 1974. As a result, development organizations, including donors and UN agencies such as the World Bank and UNICEF, have shifted their development approach to ensure greater community participation in the design, implementation and evaluation of programs aimed at improving health and nutrition. Experience to date shows that involving communities is more difficult in practice than in theory; however, the number of programs that are being implemented efficiently and on a large-scale with genuine community involvement is growing.

At Alma Ata, food and nutrition initiatives were identified as one of the main priorities for achieving greater community participation in development. As part of these initiatives, the importance of using data to develop, formulate and monitor programs and policies to improve health and nutrition was widely accepted.

RECOMMENDATIONS

- The NSS should continue to be used to monitor the recovery to the Asian economic crisis in Indonesia, to assess and monitor regional differences in nutrition and health across Indonesia, and to provide central oversight on the progress of decentralization.
- In order to support the use of data for decision making at local level, an interactive capacity development package for provincial and sub-provincial staff and potentially MSc students should be developed that will help them to 1) analyze data, 2) interpret results, and 3) translate and present results into messages for action
- Complementing the existing information systems, the NSS should continue to transfer knowledge on the NSS so that it can be adopted by autonomous districts in the future.
- Ways for obtaining greater involvement of the community in nutrition surveillance should and will be explored.



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